



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/427,457
		Filing Date	16 October 1999
		First Named Inventor	Geoff P. Andersen
		Group Art Unit	2872
		Examiner Name	A. Chang
Total Number of Pages in this Submission	3	Attorney Docket Number	AFB00497

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to a TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Request for Continued Examination |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Thomas C. Stover, Reg. No. 22,531
Signature	
Date	27 May 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

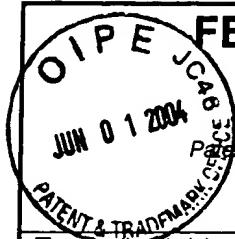
Thomas C. Stover

Signature

Mark Steiner

Date

27 May 2004



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT	(\$)	770.00

METHOD OF PAYMENT

- Check Credit Card Money Order Other None

Deposit Account Number

AF 01-0465

Deposit Account Name

Department of the Air Force

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Code (\$)	Small Entity Fee	Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility Filing Fee	
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	

SUBTOTAL (1) \$ 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	- 20** =	Extra Claims	Fee from below	Fee Paid
Indep. Claims	- 3** =	0	x 18	= 0
Multiple Dependent		0	x 86	= 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	09/427,457				
Filing Date	16 October 1999				
First Named Inventor	Geoff P. Andersen				
Examiner Name	A. Chang				
Group Art Unit	2872				
Attorney Docket Number	AFB00497				
FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity Code	Fee (\$)	Small Entity Code	Fee (\$)		
Fee Description	Fee Paid				
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner Action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	\$770.
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
				SUBTOTAL (3)	\$ 770.00

Complete (if applicable)

Typed or Printed Name	JULIAN L. SIEGEL	Registration. No.	22,407	Telephone	(781) 377-4072
Signature	<i>Julian L. Siegel</i>			Date	27 May 2004
Typed or Printed Name		Registration. No.		Telephone	
Signature				Date	

RCE / 2872
Jew
Jew

PTO/SB/30 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Request For Continued Examination (RCE) Transmittal

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

<i>Application Number</i>	09/427,457
<i>Filing Date</i>	16 October 1999
<i>First Named Inventor</i>	Geoff P. Andresen
<i>Art Unit</i>	2872
<i>Examiner Name</i>	A. Chang
<i>Attorney Docket Number</i>	AFB00497

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on 5-19-04
(Any unentered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Rely Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other _____

2. Miscellaneous

- a. period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. Other _____

3. Fees

- a. The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
The Director is hereby authorized to charge the following fees, or credit any overpayments, to
Deposit Account No. AF 01-0465
 - i. RCE fee required under 37 CFR 1.17(e)
 - ii. Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. Other _____
- b. Check in the amount of \$ _____ enclosed
- c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

RECEIVED
OPIE/JCWS
JUN 14 2004

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	THOMAS C. STOVER	Registration No. (Attorney/Agent)	22,531
Signature		Date	27 May 2004

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	THOMAS C. STOVER	Date	27 May 2004
Signature			

Page 1 of 2

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
Commissioner for Patents, Box RCE, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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